

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

**To be used for changes to registrations and terminations.**

### Instructions

- Print in ink or type.  
Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.  
This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

**FOR OFFICE USE ONLY**

Postmark Date: 6/27/07

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SCANNED 1070379  
JUL 26 2007

1. NAME Walsh Christina MI By 00

703-682-9320

2. BUSINESS PHONE \_\_\_\_\_

3. BUSINESS ADDRESS 901 N. Glebe Road, Suite 900 Arlington, VA 22203

MAILING ADDRESS 901 N. Glebe Road, Suite 900 Arlington, VA 22203

Street and No.	City	State	Zip
Institute for Justice			

4. EMPLOYER \_\_\_\_\_

5. EMPLOYER'S ADDRESS 901 N. Glebe Road, Suite 900 Arlington, VA 22203

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ☒ No ☐

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Institute for Justice

Address 901 W. Glebe Road, Suite 900 Arlington, VA 22203

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you?

If No, who pays you? \_\_\_\_\_

☒ Terminated Representation as of 6/18/07

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## SUPPLEMENTAL REGISTRATION FORM



2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

### CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist